



DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below-named inventor, I here I believe that I am the original, first a names are listed below) of the subject entitled: ACCESS NETWORK FO the specification of which (check one): is attached hereto. was filed on	as Application Serial No. 1st 1999 as International enougher the duty to disclosural Regulations, § 1.56. I patent of the filing date before that of the	Application (PCT) No. the above-identified specifies information which is not hereby claim foreign prior to listed below and have	PCT/FR99/ cation, including naterial to the ex- rity benefits uncluded by the state of the ex-	11969 amination of the claims, as amination of the Title 35, Utow any forei	nventor (if plural en, if applicable) and was amended as amended by any this application in finited States Code	
Number	COUNTRY	DAY/MONTH/YEAR	DAY/MONTH/YEAR FILED		AIMED	
98/11405	FRANCE	11.09.1998		_	No.	
·					No	
I hereby claim the benefit und application(s) designating The United S is not disclosed in that/those prior application(s) are filing date of the prior application(s) are APPLICATION NUMBER	States of America listed below plication(s) in the manner prial information as defined in and the national or PCT intern	v and, insofar as the subje rovided by the first para Title 37, Code of Federal	ct matter of each graph of Title 3: Regulations, § 2 application:	of the claims . United Stat	of this application es Code, § 112, I curred between the	
\$ F						
##: 						
I hereby declare that all statements made herein of my own knowledge are true and that all statements m de on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. POWER OF ATTORNEY: I (We) hereby appoint as my (our) autorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Allan M. Lowe, Registration Number 19.641; Benjamin J. Hauptman, Registration Number 29.310; Michael G. Gilman, Registration Number 19.114; Kenneth M. Berher, Registration Number 37.093; and Randy A. Noranbrock, Registration Number 42,940.						
Send correspondence to: Lowe Hauptman Gilman & Berner, LLP TELEPHONE CALLS TO: Allan M. Lowe 1700 Diagonal Road, Suite 310 Alexandria, Virginia 22314						
I hereby authorize the U.S. attorneys and agents named herein to accept and following instruction: from <u>CABINET LE GUEN & MAILLET</u> as to any actions to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys will be so notified by the undersigned.						
Full Name of First or Sole Inventor	Jean-Paul QUINQU	TS Chizenship	French			
Residenze Address - Street 14, rue de Cornic						
City Perros-Guirer 12 1						
State or Country FRANCE		zir 22700	Λ	·		
6/03/0	1	SIGNATURE	from the same of t			

71842



DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF A TORNEY

Pag						
Full Name of First or Sole Inventor Olivier ROUSSEL	Citizonship French					
Residence Address - Street 33, rue du Pont Hele						
an Perros-Guirec FRX						
State or Country FRANCE	ziy 22700					
6.3.2001	SIGNATURE COUSO					
Full Name of First or Sole Inventor Citizenship						
Residence Address - Street						
Clty						
State or Country	Zip					
DATE						
Pull Name of First or Sole Inventor	Citizenuhip					
Residence Address - Street						
Cay						
Stage or Country Zip						
11 11 11 11 11 11 11 11 11 11 11 11 11						
Dofe	SIGNATURE					
Full Name of First or Sole Inventor	Citizenship					
Residence Address - Sirect						
Edit Cliv						
State of Country	Ziφ					
DATE	SIGNATURE					
Full Nams of First or Sole Inventor	Citizenship					
Residence Address - Street						
City						
State or Country	Σιρ					
DATE	SIGNATURE					

Sec following payes for additional joint invantors.